

FAX TRANSMISSION**RECEIVED**
CENTRAL FAX CENTER**MAY 20 2005****DATE:** May 20, 2005**PTO IDENTIFIER:** Application Number 10/601020-Conf. #6838
Patent Number**Inventor:** Andrea D BRANCH et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** LAHIVE & COCKFIELD, LLP

Megan E Williams

PHONE: (617) 227-7400**Attorney Dkt. #:** RII-005CPUSDV1**PAGES (Including Cover Sheet):** 26**CONTENTS:**

Fee Transmittal (1 page, in duplicate)
Second Preliminary Amendment (13 pages)
Form PTO/SB/08a/b (2 pages)
Change of Attorney Docket Number (1 page)
Supplemental Application Data Sheet (3 pages)
Supplemental Information Disclosure Statement (2 pages)
Amendment Transmittal (1 page)
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PTO/SB/17 (12-04v2)
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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4318). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/601020-Conf. #6838
		Filing Date	June 20, 2003
		First Named Inventor	Andrea D. BRANCH
		Examiner Name	T Brown
		Art Unit	1648
TOTAL AMOUNT OF PAYMENT (\$) 675.00		Attorney Docket No	RII-003CPUSDV1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____	
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For the above-identified deposit account, the Director is hereby authorized to (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																					
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)														
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)															
Utility	300	150	500	250	200	100															
Design	200	100	100	50	130	65															
Plant	200	100	300	150	160	80															
Reissue	300	150	500	250	600	300															
Provisional	200	100	0	0	0	0															
							Small Entity Fee (\$)														
2. EXCESS CLAIM FEES Fee Description							Fee (\$)														
Each claim over 30 (including Reissues)							50														
Each independent claim over 3 (including Reissues)							200														
Multiple dependent claims							360														
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th>Multiple Dependent Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>43</td> <td>- 20 = 23</td> <td>x 25.00 =</td> <td>575.00</td> <td></td> <td></td> <td></td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	43	- 20 = 23	x 25.00 =	575.00				
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)															
43	- 20 = 23	x 25.00 =	575.00																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>4</td> <td>- 3 = 1</td> <td>x 100.00 =</td> <td>100.00</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	4	- 3 = 1	x 100.00 =	100.00							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																		
4	- 3 = 1	x 100.00 =	100.00																		
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td></td> <td>- 100 =</td> <td>/50</td> <td>(round up to a whole number) x</td> <td></td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		- 100 =	/50	(round up to a whole number) x					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																	
	- 100 =	/50	(round up to a whole number) x																		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): _____																					

SUBMITTED BY			
Signature		Registration No (Attorney/Agent)	43,270
Name (Print/Type)	Megan E. Williams	Telephone	(617) 227-7400
		Date	May 20, 2005

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Dated, May 20, 2005	Signature (Megan E. Williams)

MAY 20 2005

Docket No.: RII-003CPUSDV1
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Andrea D. Branch *et al*

Application No.: 10/601,020

Confirmation No.: 6838

Filed: June 20, 2003

Art Unit: 1648

For: NOVEL HEPATITIS C VIRUS PEPTIDES
AND USES THEREOF

Examiner: T. Brown

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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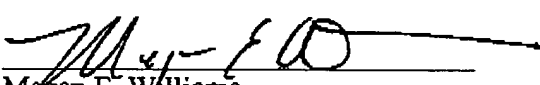
CHANGE OF ATTORNEY DOCKET NUMBER

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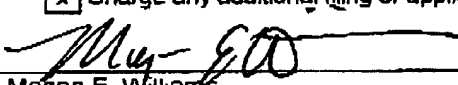
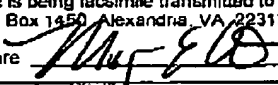
Please note that the Attorney Docket Number has been changed from
RII-003CPUSCN to RII-003CPUSDV1. Please reference RII-003CPUSDV1 on all future
correspondence.

Respectfully submitted,

Date: May 20, 2005


Megan E. Williams
Registration No. 43,270
Attorney for Applicants
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28 State Street
Boston, MA 02109
Tel. (617) 227-7400

MAY 20 2005

AMENDMENT TRANSMITTAL LETTER				Docket No. R11-003CPUSDV1	
Application No. 10/601020-Conf #6838	Filing Date June 20, 2003	Examiner T Brown	Art Unit 1648		
Applicant(s): Andrea D. BRANCH et al.					
Invention: NOVEL HEPATITIS C VIRUS PEPTIDES AND USES THEREOF					
TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	43	- 20 =	23	x 25.00	575 00
Independent Claims	4	- 3 =	1	x 100.00	100 00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					675 00
<input type="checkbox"/> Large Entry <input checked="" type="checkbox"/> Small Entry					
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 Megan E. Williams Attorney Reg. No.: 43,270 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400				Dated: <u>May 20, 2005</u>	
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Dated, May 20, 2005		Signature  (Megan E. Williams)			

PTO/SB/87 (09-04)

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Application No (if known) 10/601020

Attorney Docket No: RII-003CPUSDV1

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